Core Curriculum on Tuberculosis: What the Clinician Should Know - 2000

Table 2. Regimen Options for Treatment of Latent TB Infection for Persons with HIV Infection

Updated August 2003

| Table 2. Regillen C | puons for freatm | ent of Latent TB Ir | nection for Persol | ion Updated August 2003 | |
|---------------------|---------------------------------|---------------------|--------------------|-------------------------|---|
| | Regimen | | | | |
| Drug | Daily | | Twice Weekly | | Comments |
| | Children | Adults | Children | Adults | |
| | Duration | Duration | Duration | Duration | |
| INH | 9 months | 9 months | 9 months | 9 months | Minimum of 270 doses administered within 12 months Twice-weekly regimens should consist of at least 76 doses administered within 12 months. Directly observed treatment (DOT) of LTBI should be used when twice-weekly dosing is used. |
| | | | | | INH can be administered concurrently with NRTIs, PIs, or NNRTIs Contraindicated for persons who have active hepatitis and end-stage liver disease |
| RIF | 4 months | 4 months | Not recommended | | Minimum of 120 doses administered within 6 months For persons who are contacts of patients with INH-resistant, RIF-susceptible TB Acceptable alternative; may be used for patients who cannot tolerate INH Most PIs or delavirdine should not be administered concurrently with RI; Rifabutin with appropriate dose adjustments, can be used with PIs (saquinavir should be augmented with ritonavir) and NNRTIs (except delavirdine). |
| RIF and PZA | Should generally not be offered | | | | A TB/LTBI expert should be consulted prior to the use of this regimen. |
| RFB and PZA | Should generally not be offered | | | | |

INH - isoniazid; PZA - pyrazinamide; RFB - rifabutin; RIF- rifampin; DOPT- directly observed preventive therapy; PIs - protease inhibitors; NNRTIs - nonnucleoside reverse transcriptase inhibitors; NRTIs - nucleoside reverse transcriptase inhibitors; HIV - human immunodeficiency virus; LTBI - latent TB infection

Note: For patients whose organisms are resistant to 1 or more drugs, administer at least 2 drugs to which there is demonstrated susceptibility and consult a TB medical expert. Clinicians should review the drug-susceptibility pattern of the *M. tuberculosis* strain isolated from the infecting source-patient before choosing a preventive therapy regimen.